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**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing—surcharge 37 CFR 1.16(e) required

Attorney Docket No.	P9530
First Named Inventor	Victor D. Dolecek, et al
COMPLETE IF KNOWN	
Application Number	09/832,517
Filing Date	April 9, 2001
Group Art Unit	1723
Examiner Name	Not Yet Accorded

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM FOR THE PRODUCTION OF AUTOLOGOUS PLATELET GEL USEFUL
FOR THE DELIVERY OF MEDICINAL AND GENETIC AGENTS**

the specification of which

is attached hereto

OR

was filed on
(MM/DD/YYYY)

April 9, 2001

as U.S. Application No. or
PCT International Application No.

09/832,517

and was amended on
(MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Appl. No.(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY)

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

U.S. Parent Application or PCT Parent No.	Parent Filing Date (MM/DD/YY)	Parent Patent No. (if applicable)
09/063,338	04/20/98	

Additional U.S. or PCT international application nos. listed on PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to
act as my attorney in the Patent Trademark Office connected therewith:

Customer Number 25235 Place bar code label here ➔

Customer Number 25255 12345678901234567890
OR

Registered practitioner(s) name/registration number listed below

<input type="checkbox"/> Registered practitioner(s) Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental sheet PTO/SB/02C attached hereto.

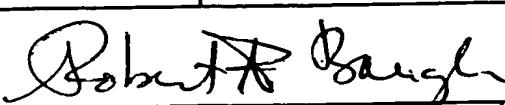
Additional registrant information
Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
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Post Office Address	6607 S. Atchinson Way							
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<input checked="" type="checkbox"/> Additional inventors are named on <u>24</u> supplemental additional inventor(s) sheet(s) PTO/SB/02A attached								

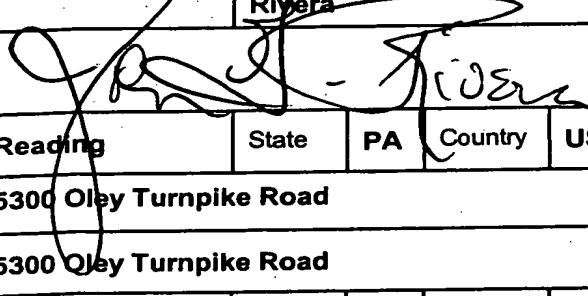
DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Post Office Address	3870 McErli C ve						
City	Memphis	State	TN	ZIP	38133	Country	US

DECLARATION**ADDITIONAL INVENTOR(S)**
Suppl m ntal Sheet
Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
J hn G.		Rivera					
Inventor's Signature						Date	
Residence: City	Reading	State	PA	Country	US	Citizenship	US
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 4 of 4

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